

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

May, 2013

DAY	DATE	FLOWS										INFLUENT										EFFLUENT										
		SBR Influent MGD	SBR Temp °F	Temp °F	Flow MGD	Flow CFS	Flow MGD	Flow TLEFFL	Receiving Water Dilution	SBR WASTE MGD	SBR Temp °C	pH	D.O. mg/L	S.S. lbs	B.O.D. mg/L	B.O.D. lbs	FOG** mg/L	FOG lbs	NH3 grab mg/L	Temp °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. lbs	B.O.D. mg/L	B.O.D. lbs	FOG mg/L	FOG lbs	FECAL COLIFORMY /100 ml	NH3 Grab mg/L	
SUN	28	2.57	32	0.57	2.60	1.00	1.00	0.0607											18	8.8	7.0	1.9	35.8								30	15
MON	29	2.41	32	0.00	2.29	7.49	1.00	0.0943	7.4	7.5	5.5																					
TUE	30	2.25	29	0.00	2.26	5.29	1.00	0.0922	7.8	7.2	5.4		3228	207	3884					10.2	6.9	2.4	22.5	31	584	410	773			10		
WED	1	2.51	39	0.91	2.48	8.81	1.00	0.1608	8.2	7.2	5.4		4270	285	5966				10.0	6.9	2.5	20.9	31	641	320	662						
THU	2	2.82	43	0.32	2.82	10.16	1.00	0.0823	10.4	7.3	5.1		4045	252	5927				10.2	6.8	3.1	35.2	26	611	300	706						
FRI	3	2.57	45	0.95	2.66	1.00	1.00	0.1095	7.8	7.3	6.1							9.4	6.8	2.8	17.3											
SAT	4	3.37	48	0.72	3.26	1.00	1.00	0.0765																								
SUN	5	3.21	46	0.00	3.12	1.00	1.00	0.0201																								
MON	6	3.09	43	0.01	3.07	1.00	1.00	0.1460	9.6	7.1	5.7							12	9.0	6.9	2.9	71.0							15	8		
TUE	7	2.60	42	0.00	2.59	11.97	1.00	0.1474	8.2	7.3	5.8		2862	169	3665				9.4	6.9	2.3	12.7	19	410	21	454			30			
WED	8	2.46	47	0.00	2.44	35.95	1.00	0.0962	8.2	7.4	5.2		2872	223	4575				9.4	6.9	2.5	11.3	25	509	22	448						
THU	9	2.46	50	0.00	2.42	42.11	1.00	0.1079	8.0	7.3	4.8		3447	279	5724				9.4	6.9	3.1	10.7	23	464	28	565						
FRI	10	2.27	50	0.00	2.28	84.58	1.00	0.0804	8.2	7.4	5.2		2802	228	4316				10.4	6.8	3.4	13.8	21	399	23	437						
SAT	11	2.10	48	0.38	2.16	102.89	1.00	0.0731					168	2942	268	849																
SUN	12	2.13	49	0.13	2.80	2.21	82.85	1.00	0.0674																							
MON	13	2.42	48	0.27	2.41	181.13	1.00	0.0884	10.3	7.6	3.9							20	10.6	6.9	2.7	17.1							15	15		
TUE	14	2.38	47	0.13	2.43	166.35	1.00	0.0901	11.4	7.3	5.6		3216	248	4923				12.2	7.0	2.8	16.1	21	426	30	608			15			
WED	15	2.51	48	0.08	1.150	2.49	299.35	1.00	0.1107	10.7	7.5	4.0							11.6	6.9	3.0	100.0										
THU	16	2.40	48	0.01	2.40	246.21	1.00	0.0883	10.4	7.4	4.4		3443	328	6565				11.2	7.1	3.3	17.5	24	480	29.0	580						
FRI	17	2.24	51	0.07	2.24	284.20	1.00	0.1045	11.0	7.4	3.8								11.5	7.0	2.8	20.4										
SAT	18	2.33	43	0.38	2.26	132.49	1.00	0.1092																								
SUN	19	2.32	39	0.11	2.26	1.00	1.00	0.0521																								
MON	20	2.30	42	0.00	2.37	1.00	1.00	0.0608	8.4	7.5	4.7								10.4	6.9	2.1	14.2							10			
TUE	21	2.31	48	0.00	2.27	101.46	1.00	0.0983	8.6	7.2	4.6		3622	244	4701				10.6	6.9	2.4	14.9	23	435	22	416			10			
WED	22	2.27	48	0.00	2.16	102.69	1.00	0.0952	9.0	7.3	4.7		4241	346	6550				11.6	6.9	2.1	15.5	24	432	27	486			15			
THU	23	2.16	50	0.00	2.09	94.65	1.00	0.1093	9.2	6.9	4.5		3603	391	7044				11.2	6.7	2.0	15.1	24	418	28	488						
FRI	24	2.10	51	0.02	2.10	120.36	1.00	0.1065	9.0	7.2	4.0								11.8	6.7	2.2	16.2										
SAT	25	2.04	52	0.00	2.04	1.88	125.05	1.00	0.0946																							
TOTAL		68.60		4.65	68.02			2.5927																								
MAXIMUM		3.37	52	0.91	1.150	3.26	299.4	1.00	0.1608	11.4	7.6	6.1	224	4270	391	7044			20	12.2	7.1	3.4	100.0	31	641	41	773		30	16.9		
MINIMUM		2.04	29	0.00	1.88	1.00	1.00	0.0201	7.4	6.9	3.8	132	2802	169	849			12	9.0	6.7	1.9	10.7	19	378	21	416		10	8.2			
AVERAGE *		2.45	45	0.17	2.43	80.5	80.5	0.0926	9.1	7.2	4.9	173	3430	267	4976			17	10.5	6.9	2.6	23.3	24	476	27	543		17	13.1			
Number of Analyses		28			21	28	28	28	20	20	20	13	13	13	13	13	13	5	20	20	20	28	13	13	13	13	13	0	0	9	5	

WEEK	WEEKLY AVERAGE			WEEKLY		
	BOO mg/L	TSS mg/L	FOG lbs	COLIFORMY	Grab Mean	% REMOVAL
1	34	713	29	612	17	90
2	24	467	22	432	21	86
3	30	594	23	453	15	
4	26	464	24	429	11	
MAX	34	713	29	612	21	

2013 Effluent	
ug/L (ppm)	LBS
26.0	0.51
Copper	
Copper	
Lead	ND
Silver	ND
Zinc	30.0
**NH3 mg/L	17.5
Tox. TU:	NA

2013	
Hrd. mg/L	80
Hrd. mg/L	
Alk. mg/L	
D.O. mg/L	2.6
Turb. NTU	100.0

Comments: *Geometric mean is used to calculate the average fecal coliform colonies. **FOG samples highlighted in yellow are composite samples. ***NH3 sample is a composite

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Supervisor

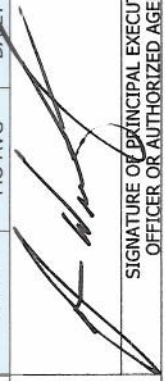
AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
YR: 2013 MO: 4 DAY: 28 TO: YEAR: 2013 MO: 5 DAY: 25

*** NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	100	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	1.9	2.6	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	543	773	(26)	*****	27	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	19	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	713	*****	(26)	*****	34.3	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	19	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5	9.0	12	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	INST MIN	SU	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	NA	(19)	0	Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	476	641	(26)	*****	24	(19)	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	19	0	Twice Per Month	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2013 YEAR: 2013 MO: 6 DAY: 10

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
Wastewater Utilities Supervisor

TYPED OR PRINTED: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 04/28/2013 through 05/25/2013.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUB 01)
OMB No. 2040-0004
Approval Expires 05-31-98

Form Approved
Approval Expires 05-31-98

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott WW Utilities Supervisor


AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

*** NO DISCHARGE
NOTE: Read instructions before completing this form.

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2013	4	28	2013	5	25

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	612	(26)	*****	(19)	*****	0		
00530 W 0	1829	lb/d	*****	19	*****	0	Twice Per Month	COMP24
See Comments	346	(26)	*****	18	*****	0		
Nitrogen, ammonia total (as N)	1164	lb/d	*****	19	*****	0	Once Per Month	COMP24
00610 1 0	1963	lb/d	*****	80	*****	0		
Effluent Gross	*****	*****	*****	19	*****	0	Once Per Month	GRAB
Hardness, total (as CaCO3)	*****	*****	*****	28	*****	0	Three Per Year	COMP24
00900 1 6	*****	*****	*****	28	*****	0	Three Per Year	COMP24
Effluent Gross	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
Silver, total recoverable	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
01079 1 0	Req. Mon. DAILY MX	lb/d	*****	28	*****	0	Three Per Year	COMP24
Effluent Gross	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
Zinc, total recoverable	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
01094 1 0	Req. Mon. DAILY MX	lb/d	*****	28	*****	0	Three Per Year	COMP24
Effluent Gross	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
Lead, total recoverable	NA	(26)	*****	28	*****	0	Three Per Year	COMP24
01114 1 0	Req. Mon. DAILY MX	lb/d	*****	28	*****	0	Three Per Year	COMP24
Effluent Gross	0.514	(26)	*****	28	*****	0	Three Per Year	COMP24
Copper, total recoverable	0.514	(26)	*****	28	*****	0	Three Per Year	COMP24
01119 1 0	3.54	lb/d	*****	28	*****	0	Once Per Month	COMP24
Effluent Gross	7.63	lb/d	*****	28	*****	0	Once Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Jim Westcott Wastewater Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE 2013 YEAR 6 DATE 10 MO DAY							

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/28/2013 through 05/25/2013.

EPA Form 3320-1 (03-99) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 2 OF 4

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott WW Utilities Supervisor

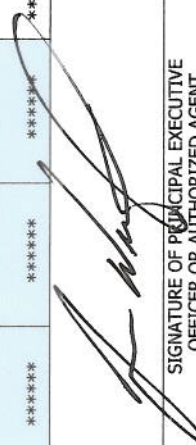
MAJOR (SUB 01)
 OMB No. 2040-0004
 Form Approved, Approval Expires 05-31-98
 F - FINAL EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER	001 A DISCHARGE NUMBER
------------------------------	---------------------------

MONITORING PERIOD			
YR	MO	DAY	YEAR
2013	4	28	2013
FROM	TO	MO	DAY
		5	25

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	*****	*****	0		
30500 O 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	*****	0		
31615 O 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	*****	0		
31615 P 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	*****	0		
31615 Q 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	*****	0		
31615 R 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	*****	0		
45613 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Jim Westcott Wastewater Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2013 YEAR 6 MO 10 DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

0043/981209 1904

PAGE 3 OF 4

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUB 01)
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott WW Utilities Supervisor

AK-002295-1
PERMIT NUMBER

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DISCHARGE NUMBER

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NOTE: Read instructions before completing this form.

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2013	4	28	2013	5	25

PARAMETER	QUANTITY OR LOADING			UNITS	FROM	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE			VALUE	VALUE	UNITS				
Chlorine, total residual	N/A	N/A	N/A	(26)		*****	N/A	(28)	0			
50060 S 0	4.09	4.09	DAILY MX	lb/d		*****	100	DAILY MX	0		QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX				*****	MO AVG		0			
Dilution factor	*****	*****	*****	****		*****	80	ug/L	0			
80093 1 0	*****	*****	*****	****		*****	Req. Mon. MO AVG	1U	0		DAILY	MEASRD
Effluent Gross	*****	*****	*****	****		*****	*****	(23)	0			
BOD 5-day, percent removal	*****	*****	*****	****		*****	*****	%	0		Once Per Month	CALCTD
81010 K 0	*****	*****	*****	****		*****	*****	(23)	0			
Percent Removal	*****	*****	*****	****		*****	*****	%	0			
Solids, suspended percent removal	*****	*****	*****	****		*****	*****	(23)	0			
81011 K 0 0	*****	*****	*****	****		*****	*****	%	0		Once Per Month	CALCTD
Percent Removal	*****	*****	*****	****		*****	*****	%	0			
Chlorine usage	N/A	*****	*****	(26)		*****	*****		0			
81400 X 0	Req. Mon. MO AVG	*****	*****	****		*****	*****		0		DAILY	MEASRD
End of Chlorine Contact Chamber	*****	*****	*****	****		*****	*****	(93)	0			
Oil and grease visual	*****	*****	*****	****		*****	0		0			
84066 1 0	*****	*****	*****	****		*****	Req. Mon. DAILY MX	occur/mo	0		Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	****		*****	*****	(2G)	0			
Toxicity, Chronic	*****	*****	*****	****		*****	*****		0			
TT000 1 8	*****	*****	*****	****		*****	Req. Mon. DAILY MX	px chronic	0		Semiannual	COMP24
Effluent Gross	*****	*****	*****	****		*****	*****		0			

907 AREA CODE
586-0393 TELEPHONE
2013 YEAR
6 MO
10 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
Wastewater Utilities Supervisor

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 04/28/2013 through 05/25/2013.